

## CLAIMS

1. A method for a medical service provider to document and approve service and billing information substantially contemporaneous with the provision of services, comprising:

(a) a processing system receiving context information about services for a patient;

(b) the processing system retrieving from a memory a first category of service identifiers groups based at least in part on the context information, and in response to an approval by the service provider of a first group of the service identifier groups, receiving a first identifier belonging to the first group as further input substantially contemporaneous with the provision of services by the service provider; and

(c) the processing system storing said context information and first identifier for output in connection with billing information.

2. The method of claim 1, wherein step (b) further comprises retrieving from the memory a category of patient condition identifier groups, and in response to an approval by the service provider of a particular group of the patient condition identifier groups, receiving a further identifier from the particular group as further input substantially contemporaneous with the provision of services by the service provider, wherein the particular group is determined at least in part based upon the first identifier; and wherein step (c) further comprises storing said further identifier for output in connection with billing information.

3. The method of claim 1, wherein the service provider is a medical doctor, the customer is a patient, the first category is a list of related types of medical care, the first identifier is a type of care identifier, and the step of receiving the first identifier comprises receiving the type of care

identifier in response to a selection from the list of related types of medical care by the medical doctor.

4. The method of claim 1, wherein the service provider is a physician, the customer is a patient, the context information includes information about the location of the services, the first identifier is a type of care identifier, and the step of receiving the first identifier comprises the processing system preselecting the type of care identifier based at least in part on the context information and presenting the type of care identifier to the physician for approval substantially contemporaneous with the provision of services.

5. The method of claim 2, wherein the first group comprises a group of related types of medical care, and the step of receiving the list of types of medical care comprises the processing system preselecting the group of related types of medical care based on the context information and presenting for approval plural level of care identifiers associated with a first type of medical care, wherein the first identifier is one of the plural level of care identifiers.

6. The method of claim 5 wherein the category of patient condition identifier groups is a list of diagnosis groups, the particular group comprises a list of related condition diagnoses, and the further identifier comprises an ICD (International Classification of Diseases) identifier associated with at least one of the the list of related condition diagnoses.

7. The method of claim 6, wherein step (b) further comprises providing the service provider with plural indications associated with the ICD identifier, and receiving at least one indication supporting the selection of the ICD identifier.

8. The method of claim 7, further comprising selecting a non-

cognitive procedure following step (b) and substantially contemporaneous with the provision of services by the service provider.

9. A method for a service provider to order future services for a particular problem substantially contemporaneous with the provision of current services to a customer, comprising:

(a) a processing system receiving context information about services for the customer;

(b) the processing system retrieving from a memory plural service identifier categories identifying services to be rendered, and, in response to an approval by the service provider, receiving a first service identifier from the plural service identifier categories as further input substantially contemporaneous with the provision of current services by the service provider; and

(c) the processing system storing said context information and first service category for output in connection with at least one of ordering information and billing information.

10. The method of claim 9, wherein the service provider is a medical service provider, the future services relate to a medical treatment and the particular problem concerns a medical condition, and the plural service identifier categories are medical treatment categories, and the step of receiving a first service identifier category comprises receiving an item indicative of a treatment, wherein the treatment is associated with a billing code and the item is received in response to a selection of the treatment by the service provider.

11. The method of claim 9, wherein the service provider is a medical service provider, the customer is a patient, the future services

relate to medical procedures and the particular problem concerns a medical condition, further comprising a validation step following step (b) comprising: providing the medical service provider with a list of types of patient condition diagnoses associated with the first service identifier and receiving a first ICD (International Classification of Diseases ) identifier associated with an ICD code in response to an approval of the first ICD identifier by the medical service provider.

12. The method of claim 11 wherein the approval of the first ICD identifier comprises selecting a diagnosis group from a list of diagnosis groups, selecting a category of patient systems from a list of categories for the selected diagnosis group, and selecting a first diagnosis associated with the ICD code from a list of diagnoses for the selected diagnosis group.

13. The method of claim 12, wherein the validation step further comprises providing the medical service provider with plural indications associated with the first ICD code, and receiving at least one indication supporting the selection of the first ICD identifier.

14. A method for generating a report relating to services rendered to a customer by a service provider substantially contemporaneous with the provision of services, said method comprising the steps of:

(a) generating a visual representation of the object of the services;

(b) selecting a first region of said visual representation which is representative of a first part of the object to which a first type of service is rendered;

(c) determining, responsive to said selecting the first region,

a first service identifier;

(d) selecting a second region of said visual representation which is representative of a second part of the object to which one of the first or a second type of service is rendered;

(e) determining, responsive to said selecting the second region, a second service identifier; and

(f) storing the first and second identifier for output in connection with billing information substantially contemporaneous with the provision of services.

15. The method of claim 14 wherein the services are medical services and the object is at least a part of the customer's body, steps (a) through (f) are carried out at a location where at least a portion of the medical services are rendered, and the first and second identifiers are associated with medical service identifiers acceptable to a third party payor responsible for at least partial payment for the medical services.

16. The method of claim 15 further comprising the step of verifying compliance of said second identifier with at least a portion of a set of rules compliance with which are required by said third party as a condition to said third party making payment for the services to the service provider said verifying step including the step of executing an automated process which tests information including said at least second identifier against programmed representations of said rules.

17. The method of claim 14 further comprising, responsive to a treatment performed at at least one of the first and second parts of the object, storing a further indication of the treatment performed; and wherein the first and second identifiers are associated with first and

second CPT codes.

18. A method for interactive medical billing generation for use by a single operator, comprising:

(a) a processing system providing plural selectable service categories to a service provider, in response to inputted service context information;

(b) the service provider selecting a first service category indicative of substantially contemporaneous service being rendered to a patient;

(c) the processing system providing further selectable service categories based on the first service category, and the service provider selecting a second service category further indicative of the service being rendered;

(d) the processing system outputting the first and second service category together with at least a portion of the service context information as billing information.

19. A method for generating a report relating to services rendered by a service provider to a customer, said method comprising the steps of:

accessing a remote computing device via a local computing device that is operably coupled to a computer network said local computing device being located in physical proximity to a location at which the services are rendered, said remote computing device being operably coupled to said computer network and being located at any location from which said computer network may be accessed;

entering via said local computing device and substantially contemporaneously with rendition of at least a portion of the services, provider data representing at least one identifier of a form required by a third party payor responsible for at least partial payment for the services, said identifier representing at least one parameter relating to the service;

communicating via said computer network, said at least one identifier from said local computing device to said remote computing device; and

generating via said remote computing device, at least one report based on at least said at least one identifier.

20. The method of claim 19 wherein said entering step is carried out by the service provider who actually performs at least a portion of the services.

21. The method of claim 19 wherein said data further represents at least one additional identifier representing services for which said third party payor is not responsible for payment and wherein said at least one report further comprises a report including an advance beneficiary notice.

22. The method of claim 19 further comprising the step of verifying compliance of said at least one identifier with at least a portion of a set of rules compliance with which are required by said third party as a condition to said third party making payment for the services to the service provider said verifying step including the step of executing a software routine which tests information including said at least one identifier against programmed representations of said rules.

23. The method of claim 22 further comprising the step of determining whether an indicator of compliance with said at least a

portion of said rules meets a predetermined threshold and if not, providing an indication of the result of such determination via said local computing device.

24. The method of claim 19 wherein the services comprise health care services provided to a patient by a health care provider and wherein said at least one identifier comprises an identifier relating to a non-cognitive level of care recommended for said patient by said health care provider.

25. The method of claim 24 wherein said identifier comprises a non-cognitive Current Procedural Terminology (CPT) code.

26. The method of claim 24 wherein said non-cognitive level of care comprises a clinical test.

27. The method of claim 26 further comprising the step of:

automatically scheduling said clinical test via said remote computing device subsequent to receipt of said identifier.

28. The method of claim 27 wherein said at least one identifier further comprises an identifier relating to at least one diagnostic indication of a predetermined set of diagnostic indications, said predetermined set of diagnostic indications relating to said non-cognitive level of care.

29. The method of claim 28 wherein said at least one identifier further comprises an identifier relating to a health care condition of said patient.

30. The method of claim 19 wherein the step of accessing said remote computing device further comprises the step of communicating to

said remote computing device a first unique personal identifier for the service provider and a second unique personal identifier for the customer.

31. The method of claim 19 further comprising the step of recording, by said local computing device, an indication of time spent in rendering the services to the customer, communicating such indication to said remote computing device and including said indication of time spent in said report.

32. The method of claim 19 wherein said customer is a patient, said services comprise health care services and said entering step comprises the steps of:

receiving from said remote computing device data representing a group of prospective identifiers for said services;

displaying said group of prospective identifiers via said local computing device;

selecting said at least one identifier from among said group; and

displaying identifiers that relate to a physiological condition of said patient, and subsequently, displaying identifiers that relate to an anatomical condition of said patient.

33. The method of claim 32 wherein said physiological condition comprises at least one of a sign detected by the service provider prior to performing any physical examination of the patient and symptom reported by the patient, and said anatomical condition comprises at least one physical condition of the patient detected as a result of performing a physical examination of the patient.

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34. The method of claim 19 wherein said report comprises at least one of: a medical procedure report and a medical billing report, and said identifier comprises a Current Procedural Terminology (CPT) code.

35. A method for a single operator to expediently generate a medical claims billing report for health care services rendered by a health care service provider to a patient, the method comprising the steps of:

accessing a remote computing device via a local computing device, said remote computing device being located remotely with respect to a location at which the health care services are being rendered by to the patient, said local computing device being located locally with respect to said location at which the health care services are being rendered by to the patient, said remote computing device being operably coupled to said local computing device via a computer network;

viewing, via said local computing device, a group of service codes responsive to accessing said remote computing device, said group of service codes relating to a non-cognitive level of care recommended for the patient;

selecting, via said local computing device, a service code from said group of service codes;

responsive to selecting said service code:

viewing, via said local computing device, a group of identifiers relating to a health care condition of the patient;

selecting, via said local computing device, at least one identifier from said group of identifiers in the event that said at least one identifier adequately relates to said health care condition of the patient;

viewing, via said local computing device, a group of diagnostic indications relating to said non-cognitive level of care and a corresponding group of diagnostic indication identifiers;

selecting, via said local computing device, at least one diagnostic indication identifier of said group of diagnostic indication identifiers in the event that at least one diagnostic indication of said group of diagnostic indications adequately relates to said non-cognitive level of care, said at least one diagnostic indication identifier relating to said at least one diagnostic indication; and responsive to selecting said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier,

instructing said remote computing device, via said local computing device, to generate said medical claims billing report based on said service code, said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier.

36. The method of claim 35, further comprising the step of: responsive to selecting said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier, but prior to instructing said remote computing device to generate said medical claims billing report,

requesting from said remote computing device, via said local computing device, a set of minimum requirements for adequately reporting said non-cognitive level of care in accordance with federally-promulgated guidelines; and

viewing, via said local computing device, said set of minimum requirements to verify compliance of said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier with respect to said set of minimum requirements.

37. The method of claim 35, wherein at least a portion of a cost of

the services is to be paid by an insurance provider and wherein said step of instructing said remote computing device to generate said medical claims billing report further comprises the step of instructing said remote computing device to automatically communicate said medical claims billing report to said insurance provider for payment.

38. The method of claim 35, wherein said non-cognitive level of care comprises a clinical test, the method further comprising the steps of:

communicating, via said local computing device, results of said clinical test to said remote computing device; and

instructing said remote computing device, via said local computing device, to generate a medical procedure report based at least on said results of said clinical test.

39. The method of claim 38, wherein at least a portion of a cost of the services is to be paid by an insurance provider, the method further comprising the step of:

instructing said remote computing device, via said local computing device, to communicate said medical procedure report to at least one of said insurance provider, an insurance claim clearinghouse, and a printer that is coupled to said computer network.

40. The method of claim 35, further comprising the steps of:

responsive to selecting said service code:

selecting, via said local computing device, a unique identifier that does not relate to said health care condition of the patient in the event that no identifier of said group of identifiers adequately relates to said health care condition of the patient;

responsive to selecting said unique identifier, viewing, via

said local computing device, a template for entering said health care condition of the patient in accordance with federally-promulgated advance beneficiary notice requirements; and

entering, via said local computing device, said health care condition of the patient into said template.

41. The method of claim 40, further comprising the step of obtaining an electronic signature of the patient on said template.

42. The method of claim 35, further comprising the steps of: responsive to selecting said service code:

selecting, via said local computing device, a unique indication that does not relate to said non-cognitive level of care in the event that no diagnostic indication of said group of diagnostic indications adequately relates to said non-cognitive level of care;

responsive to selecting said unique indication, viewing, via said local computing device, a template for entering characteristics of said non-cognitive level of care in accordance with federally-promulgated advance beneficiary notice requirements; and

entering, via said local computing device, said characteristics of said non-cognitive level of care into said template.

43. The method of claim 35, wherein at least a portion of a cost of the services is to be paid by an insurance provider and wherein said service code, said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier are acceptable to said insurance provider to facilitate payment by said insurance provider for at least a portion of costs associated with administering said non-cognitive level of care.

44. The method of claim 35, wherein the single operator comprises the health care service provider, said group of service codes comprises International Classification of Disease (ICD) codes, said group of identifiers relating to said health care condition of the patient comprises non-cognitive Current Procedural Terminology (CPT) codes, and said group of diagnostic indications comprises diagnostic indications promulgated by the federal Health Care Financing Administration (HCFA).

45. The method of claim 35, further comprising the steps of: viewing, via said local computing device, a second group of service codes responsive to accessing said remote computing device, said second group of service codes relating to a cognitive level of care rendered to the patient; and

selecting, via said local computing device, a cognitive service code from said second group of service codes;

wherein said step of instructing said remote computing device to generate said medical claims billing report comprises the step of instructing said remote computing device to generate said medical claims billing report based further on said cognitive service code.

46. The method of claim 45, further comprising the step of: responsive to selecting said cognitive service code, but prior to instructing said remote computing device to generate said medical claims billing report,

requesting from said remote computing device, via said local computing device, a set of minimum requirements for adequately reporting said cognitive level of care in accordance with federally-

promulgated guidelines; and

viewing, via said local computing device, said set of minimum requirements to verify compliance of selection of said cognitive service code with respect to said set of minimum requirements.

47. A method for generating a billing report for services rendered by a service provider to a customer, wherein at least a portion of a cost of the services are to be paid by a third party, the method comprising the steps of:

accessing, by a local computing device that is operably coupled to a computer network, a remote computing device, said local computing device being located locally with respect to a location at which the services are being rendered, said remote computing device being operably coupled to said computer network and being located remotely with respect to said location at which the services are being rendered;

receiving, by said local computing device, an entry from the service provider indicating at least one identifier relating to the services, said at least one parameter being acceptable to the third party to identify services for which the third party shall be at least partially responsible for payment;

communicating, by said local computing device, said at least one parameter to said remote computing device; and

automatically generating, by said remote computing device, the billing report subsequent to receipt of said at least one parameter; wherein said steps of accessing, receiving, and communicating are all performed substantially during a time period when the services are rendered to the customer.

48. The method of claim 47, wherein said at least one parameter

is further acceptable to the third party to identify services for which the third party shall not be at least partially responsible for payment, and comprises a governmentally-promulgated advance beneficiary notice (ABN) identifier.

49. The method of claim 47, further comprising the steps of: prior to the step of receiving an entry from the service provider indicating at least one parameter relating to the services,

requesting, by said local computing device, a group of parameters from said remote computing device, said group of parameters relating to the services and being acceptable to the third party to identify services for which the third party shall be at least partially responsible for payment;

receiving, by said local computing device, said group of parameters from said remote computing device;

and wherein the step of receiving an entry from the service provider indicating at least one parameter relating to the services comprises the step of receiving a selection of at least one parameter from said group of parameters to produce said at least one parameter.

50. The method of claim 47, wherein the services comprise health care services provided to a patient by a health care provider, wherein said at least one parameter comprises at least one of an identifier relating to a cognitive level of care provided to said patient by said health care provider, and an identifier relating to a health care condition of said patient.

51. The method of claim 50, wherein said identifier relating to a cognitive level of care comprises a cognitive Current Procedural

Terminology (CPT) code, and said identifier relating to a health care condition comprises an International Classification of Diseases (ICD) code.

52. The method of claim 47, wherein the services comprise health care services provided to a patient by a health care provider and wherein said at least one parameter comprises an identifier relating to a non-cognitive level of care recommended for said patient by said health care provider.

53. The method of claim 52, wherein said identifier comprises a non-cognitive Current Procedural Terminology (CPT) code.

54. The method of claim 52, wherein said non-cognitive level of care comprises a clinical test.

55. The method of claim 54, further comprising the step of: automatically scheduling, by said remote computing device, said clinical test subsequent to receipt of said identifier.

56. The method of claim 52, wherein said at least one parameter further comprises an identifier relating to at least one diagnostic indication of a predetermined set of diagnostic indications, said predetermined set of diagnostic indications relating to said non-cognitive level of care.

57. The method of claim 56, wherein said at least one parameter further comprises an identifier relating to a health care condition of said patient, further comprising the steps of:

prior to the step of automatically generating the billing report,

automatically verifying, by said remote computing device, compliance of said identifier relating to said at least one diagnostic indication and said identifier relating to said health care condition of said patient with pre-stored requirements established by at least one of the third party and a governmental unit, said pre-stored requirements relating to said non-cognitive level of care recommended for said patient;

computing, by said remote computing device, a percentage of compliance responsive to said step of automatically verifying compliance;

storing, by said remote computing device, said percentage in memory; and

communicating, by said remote computing device, an alert to said local computing device in the event that said percentage is less than a threshold, said alert indicating to the service provider that at least one of said identifier relating to said at least one diagnostic indication and said identifier relating to said health care condition of said patient does not comply with said pre-stored requirements relating to said non-cognitive level of care recommended for said patient.

58. The method of claim 56, wherein at least one of said health care provider and a second health care provider administers said non-cognitive level of care to said patient, the method further comprising the steps of:

storing, by said remote computing device, said identifier relating to said non-cognitive level of care and said second identifier relating to said at least one diagnostic indication;

accessing said remote computing device by a second local computing device that is operably coupled to said computer network, said second local computing device being located locally with respect to a location at which

said non-cognitive level of care is being administered;

retrieving from said remote computing device, by said second local computing device, at least one of said identifier relating to said non-cognitive level of care and said identifier relating to said at least one diagnostic indication;

displaying, by said second local computing device, said retrieved identifier to said at least one of said health care provider and said second health care provider to facilitate administration of said non-cognitive level of care; and

communicating, by said second local computing device to said remote computing device, information resulting from administration of said non-cognitive level of care at least upon completion of administration of said non-cognitive level of care.

59. The method of claim 58, wherein said second local computing device comprises said local computing device that is located locally with respect to said location at which the services are being rendered.

60. The method of claim 58, wherein the third party comprises an insurance provider, the method further comprising the steps of:

automatically generating, by said remote computing device, a report that includes said information resulting from administration of said non-cognitive level of care; and

automatically communicating, by said remote computing device, said report to at least one of said insurance provider and an insurance claim clearinghouse.

61. The method of claim 58, wherein the step of communicating said information further comprises the step of:

communicating said information resulting from administration of said non-cognitive level of care during administration of said non-cognitive level of care.

62. The method of claim 58, wherein the step of retrieving at least one of said identifier relating to said non-cognitive level of care and said identifier relating to said at least one diagnostic indication further comprises the step of:

retrieving said identifier relating to said at least one diagnostic indication prior to administration of said non-cognitive level of care.

63. The method of claim 47, wherein the services comprise health care services provided to a patient by a health care provider and wherein the method further comprises the step of receiving, by said local computing device, entry of an indication of whether said patient is group or non-group patient.

64. The method of claim 47, wherein the billing report comprises an insurance claim form and wherein the third party comprises an insurance provider, the method further comprising the step of:

automatically communicating, by said remote computing device, said insurance claim form to at least one of said insurance provider and an insurance claim clearinghouse.

65. The method of claim 64, wherein the step of automatically communicating further comprises the step of:

electronically transferring said insurance claim form to a computing device operated by at least one of said insurance provider and said insurance claim clearinghouse.

66. The method of claim 64, wherein the step of automatically communicating further comprises the step of:

automatically facsimile transmitting said insurance claim form to a facsimile device operated by at least one of said insurance provider and said insurance claim clearinghouse.

67. The method of claim 47, wherein the step of accessing said remote computing device further comprises the step of communicating to said remote computing device a first unique personal identifier for the service provider and a second unique personal identifier for the customer.

68. A method for a remote computing device coupled to a computer network to at least obtain information necessary to generate a billing report for services rendered by a service provider to a customer, wherein the remote computing device is located remotely with respect to a location where the services are being rendered to the customer and wherein at least a portion of a cost of the services are to be paid by a third party, the method comprising the steps of:

providing a group of service codes to a local computing device via the computer network, said group of service codes relating to the services and being acceptable to the third party to identify services for which the third party shall be at least partially responsible for payment, said local computing device being located locally with respect to the location where the services are being rendered to the customer;

receiving, via the computer network, an indication of at least one service code of said group of service codes from said local computing device; and

storing said at least one service code corresponding to said

indication for subsequent use in generating the billing report; wherein the steps of providing, receiving, and storing are performed substantially during a time period when the services are being rendered to the customer.

69. The method of claim 68, further comprising the step of:  
automatically generating the billing report based on said at least  
one service code.

70. The method of claim 68, wherein the services comprise health care services provided to a patient by a health care provider, said at least one service code comprises at least one of an identifier relating to a cognitive level of care provided to said patient by said health care provider and an identifier relating to a health care condition of said patient.

71. The method of claim 70, wherein said identifier relating to a cognitive level of care comprises a cognitive Current Procedural Terminology (CPT) code, and said identifier relating to a health care condition comprises an International Classification of Diseases (ICD) code.

72. The method of claim 68, wherein the services comprise health care services provided to a patient by a health care provider and wherein said at least one service code comprises an identifier relating to a non-cognitive level of care recommended for said patient by said health care provider.

73. The method of claim 72, wherein said identifier comprises a non-cognitive Current Procedural Terminology (CPT) code.

74. The method of claim 72, wherein said non-cognitive level of care comprises a clinical test.

75. The method of claim 74, further comprising the step of: automatically scheduling said clinical test subsequent to receipt of said identifier.

76. The method of claim 75, wherein the third party comprises an insurance provider, at least one of said health care provider and a second health care provider administers said non-cognitive level of care to said patient, wherein said at least one service code further comprises an identifier relating to at least one diagnostic indication of a predetermined set of diagnostic indications, said predetermined set of diagnostic indications relating to said non-cognitive level of care, and wherein the step of storing comprises the step of storing both said identifier relating to said non-cognitive level of care and said identifier relating to said at least one diagnostic indication, the method further comprising the steps of: receiving, from a second local computing device that is operably coupled to said computer network, a request for at least one of said identifier relating to said non-cognitive level of care and said identifier relating to said at least one diagnostic indication, said second local computing device being located locally with respect to a location at which said non-cognitive level of care is being administered to said patient;

communicating, to said second local computing device via the computer network, at least one of said identifier relating to said non-cognitive level of care and said identifier relating to said at least one diagnostic indication responsive to said request to facilitate administration of said non-cognitive level of care;

receiving, from said second local computing device via the computer

network, information resulting from administration of said non-cognitive level of care at least upon completion of said non-cognitive level of care.

automatically generating a report that includes said information resulting from administration of said non-cognitive level of care; and

automatically communicating said report to at least one of said insurance provider and an insurance claim clearinghouse.

77. Computer-readable media containing program code for implementing a method of at least providing information necessary to generate a billing report for services rendered by a service provider to a customer, the computer-readable media being loadable into memory of a local computing device that is operably coupled to a computer network, wherein the local computing device is located locally with respect to a location where the services are being rendered to the customer and wherein at least a portion of a cost of the services are to be paid by a third party, the computer-readable media comprising:

program code for accessing a remote computing device that is operably coupled to the computer network, said remote computing device being located remotely with respect to a location where the services are being rendered to the customer;

program code for receiving an entry from the service provider indicating at least one parameter relating to the services, said at least one parameter being acceptable to the third party to identify services for which the third party shall be at least partially responsible for payment; and

program code for communicating, via the computer network, said at least one parameter to said remote computing device to facilitate generation of the billing report;

wherein said program code for accessing a remote computing device,

said program code for receiving an entry, and said program code for communicating said at least one parameter are executed substantially during a time period when the services are being rendered to the customer.

78. The computer readable media of claim 77, further comprising:

program code for requesting a group of parameters from said remote computing device prior to receiving said entry from the service provider indicating at least one parameter relating to the services, said group of parameters relating to the services and being acceptable to the third party to identify services for which the third party shall be at least partially responsible for payment; and

program code for presenting said group of parameters to the service provider;

wherein said program code for receiving an entry from the service provider comprises program code for receiving a selection of at least one parameter of said group of parameters to produce at least one selected parameter, and wherein said program code for communicating said at least one parameter to said remote computing device comprises program code for communicating, via the computer network, said at least one selected parameter to said remote computing device to facilitate generation of the billing report.

79. The computer readable media of claim 77, wherein the services comprise health care services provided to a patient by a health care provider, wherein said at least one parameter includes a first identifier relating to a non-cognitive level of care recommended for said patient by said health care provider and a second identifier relating to at

least one diagnostic indication of a predetermined set of diagnostic indications, said predetermined set of diagnostic indications relating to said non-cognitive level of care, wherein said health care provider administers said non-cognitive level of care to said patient and wherein said first identifier relating to said non-cognitive level of care and said second identifier relating to said at least one diagnostic indication are stored at said remote computing device, the computer readable media further comprising:

program code for retrieving, from said remote computing device via the computer network, at least one of said first identifier relating to said non-cognitive level of care and said second identifier relating to said at least one diagnostic indication to facilitate administration of said non-cognitive level of care; and

program code for communicating, to said remote computing device via the computer network, information resulting from administration of said non-cognitive level of care at least upon completion of administration of said non-cognitive level of care.

80. The computer readable media of claim 79, wherein the program code for communicating said information further comprises:

program code for communicating said information resulting from administration of said non-cognitive level of care during administration of said non-cognitive level of care.

81. The computer readable media of claim 79, wherein the program code for retrieving said first identifier relating to said at least one of said non-cognitive level of care and said second identifier relating to said at least one diagnostic indication further comprises:

program code for retrieving said second identifier relating to said at

least one diagnostic indication prior to administration of said non-cognitive level of care.

82. The computer readable media of claim 79, further comprising:

program code for receiving entry of an indication of whether said patient is a group patient or a non-group patient.

83. The computer readable media of claim 77, wherein the program code for accessing said remote-computing device further comprises:

program code for communicating to said remote computing device at least one of a first unique personal identifier for the service provider and a second unique personal identifier for the customer.

84. A wireless communication device for communicating with a remote computing device operably coupled to a communication network, the wireless communication device being used by a service provider to at least provide information necessary to generate a billing report for services rendered to a customer substantially during a time period when the services are rendered, the remote computing device being located remotely with respect to a location where the services are being rendered by to the customer, wherein at least a portion of a cost of the services are to be paid by a third party, the wireless communication device comprising:

a transceiver for transmitting radio signals to at least one of a local computing device operably coupled to the communication network and a base transceiver site operably coupled to the communication network, a first radio signal of said radio signals bearing a request to access the remote computing device, a second radio signal of said radio signals

bearing an indication of at least one selected parameter relating to the services, the transceiver further receiving, responsive to said first radio signal, a third radio signal from the remote computing device via at least one of said local computing device and said base transceiver site, said third radio signal bearing a group of parameters relating to the services, said group of parameters being acceptable to the third party to identify services for which the third party shall be at least partially responsible for payment;

a display for presenting said group of parameters to the service provider;

a user interface for receiving a selection by the service provider of at least one parameter of said group of parameters to produce said at least one selected parameter relating to the services; and

a processor, coupled to said transceiver, said display and said user interface, for generating said request to access, for processing said at least one selected parameter to produce said indication, and for translating said group of parameters into a format suitable for presentation on said display.

85. A method for a single operator to generate a billing report for services rendered by a service provider to a customer, wherein at least a portion of a cost of the services are to be paid by a third party, the method comprising the steps of:

accessing, via a local computing device that is operably coupled to a computer network, a data recording software application stored in a memory of a remote computing device, said local computing device being located locally with respect to a location at which the services are being rendered, said remote computing device being operably coupled to said computer network and being located remotely with respect to said location

at which the services are being rendered;

using said local computing device and said data recording software application to select at least one service code relating to the services, said at least one service code being stored in said memory of said remote computing device responsive to selection of said at least one service code, said at least one service code further being acceptable to the third party to identify the services; and

using said local computing device to instruct said remote computing device to generate the billing report.

86. The method of claim 85, wherein said step of accessing said data recording software application and said steps of using said local computing device are performed substantially during a time period when the services are being rendered to the customer.

87. The method of claim 85, wherein the single operator is the service provider.

88. The method of claim 85, further comprising the steps of:

using said local computing device to request from said remote computing device a list of pre-stored requirements established by at least one of the third party and a governmental unit, said pre-stored requirements relating to a description of the services that are subject to at least partial payment by the third party; and

comparing said at least one service code to said pre-stored requirements to verify that said at least one service code complies with said pre-stored requirements with respect to identifying the services.

89. The method of claim 88, further comprising the step of:

receiving an alert via said local computing device in the event that said at least one service code does not comply with pre-stored requirements established by at least one of the third party and a governmental unit.

90. A system for a medical service provider to document and approve service or billing information substantially contemporaneous with the provision of services, comprising:

a data store capable of storing context information about services for a patient;

a first processor coupled to the data store and capable of receiving said context information from the data store;

a user input device coupled to the first processor;

a first services routine operable on the first processor and capable of retrieving from the data store a first category of service identifier groups based at least in part on the context information, and in operable in response to an approval indication from the user input device indicative of a first group of the service identifier groups to receive a first identifier belonging to the first group as further input substantially contemporaneous with the provision of services by a service provider;

wherein the data store is further operable to store in response to an output from the first services routine said context information and first identifier for output in connection with one of the group consisting of billing and services information.

91. The system of claim 90, further comprising a second services routine capable of retrieving from the memory a category of patient condition identifier groups, and further operable in response to an approval by the service provider of a particular group of the patient

condition identifier groups, receiving a further identifier from the particular group as further input substantially contemporaneous with the provision of services by the service provider, wherein second services routine determines the particular group at least in part based upon the first identifier; and wherein the data store is further operable to store said further identifier for output in connection with billing information.

92. A system for a medical service provider to order future services for a patient substantially contemporaneous with the provision of services, comprising:

a data store capable of storing context information about services for a patient;

a first processor coupled to the data store and capable of receiving said context information from the data store;

a user input device coupled to the first processor;

a first services routine operable on the first processor and capable of retrieving from the data store plural service identifier categories identifying services to be rendered and operable in response to an approval indication from a service provider using the user input device to receive a first service identifier from the plural service identifier categories as further input substantially contemporaneous with the provision of current services by the service provider;

wherein the data store is further operable to store in response to an output from the first services routine said context information and first service category for output in connection with at least one of ordering information and billing information.

93. A system for a medical service provider to generate a report relating to services rendered to a customer by a medical service provider

substantially contemporaneous with the provision of services, comprising:

a data store capable of storing identifiers;

a first processor coupled to the data store and capable of outputting said identifiers to the data store;

a graphical user input device coupled to the first processor;

a first services routine operable on the first processor to control the graphical user input device to display a visual representation of an object of the services; the first services routine being operable to determine a first service identifier in response to a selection of a first region of said visual representation which is representative of a first part of the object to which a first type of service is rendered, and to determine a second service identifier in response to a selection of a second region of said visual representation which is representative of a second part of the object to which one of the first or a second type of service is rendered; the first services routine being further operable to output the first and second identifier to the data store for use in connection with billing information substantially contemporaneous with the provision of services.

94. A system for generating a billing report for services rendered by a service provider to a customer, wherein at least a portion of a cost of the services are to be paid by a third party, the system comprising:

a local computing device operably coupled to a computer network, said local computing device being located locally with respect to a location where the services are being rendered to the customer, said local computing device receiving an entry from the service provider indicating at least one parameter relating to the services and communicating said at least one parameter to said remote computing device via said computer network, said at least one parameter being acceptable to the third party to identify services for which the third party shall be at least partially

responsible for payment; and

a remote computing device operably coupled to said computer network, said remote computing device being located remotely with respect to a location where the services are being rendered to the customer, said remote computing device automatically generating the billing report subsequent to receipt of said at least one parameter.

95. The system of claim 94, wherein said computer network comprises the Internet and wherein said remote computing device comprises a server operably coupled to the Internet and being operated by an application service provider.

96. The system of claim 95, wherein said local computing device comprises at least one of a personal computer, a laptop computer, a palmtop computer, and a data-capable wireless device.